

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	A	Interference
Canceled	O	Appeal
Restricted		Objected

— (Through numeral) ...

Claim	Final	Original	Date
1	✓	✓	1/2/83
2	✓	✓	1/2/83
3	✓	✓	1/2/83
4	✓	✓	1/2/83
5	✓	✓	1/2/83
6	✓	✓	1/2/83
7	✓	✓	1/2/83
8	✓	✓	1/2/83
9	✓	✓	1/2/83
10	✓	✓	1/2/83
11	UV	✓	1/2/83
12	✓	✓	1/2/83
13	N	✓	1/2/83
14	✓	✓	1/2/83
15	✓	✓	1/2/83
16	✓	✓	1/2/83
17	✓	✓	1/2/83
18	✓	✓	1/2/83
19	✓	✓	1/2/83
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28	✓	✓	1/2/83
29	✓	✓	1/2/83
30	✓	✓	1/2/83
31	✓	✓	1/2/83
32	✓	✓	1/2/83
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46	✓	✓	1/2/83
47	✓	✓	1/2/83
48	✓	✓	1/2/83
49	✓	✓	1/2/83
50	✓	✓	1/2/83

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT; INSIDE)